Parker Evangelical Presbyterian Church
2019-2020 Student Ministries
Permission Slip and Information Update

STUDENT'S NAME _____ _____
LAST FIRST

Address _____ City_____ Zip_____

Subdivision _____

Male/Female (circle one) School _____ Grade_____ Date of birth _____
Home Phone _____ Student Cell Phone _____

Names of Parent(s)/Guardian(s) _____

Parent/Guardian Work Phone_____ Cell Phone_____

Parent/Guardian Email Address _____

Medical Information (required if student will participate in activities at locations other than at Parker Evangelical Presbyterian Church)

Any medical or allergy information we should know about? _____

Any special medication your child is using? _____

Health insurance carrier _____ Policy Number _____

Name and phone number of your family doctor _____

Emergency contact _____
Name Phone Relationship

Permission
The above-named student has my permission to attend and participate in all activities sponsored by Parker Evangelical Presbyterian Church Student Ministries.

In case of emergency, I give my permission to the physicians selected by Student Ministries Staff Members, or their appointed adult representative(s), to provide necessary medical treatment for my child.

I further release and discharge Parker Evangelical Presbyterian Church, its officers, directors, agents, student ministry leaders, and chaperones from and against any liability or claim arising out of or relating to the above-named student and any Student Ministry or church-sponsored activity, including but not limited to, events and travel to and from the events.

_____
Signature of Parent or Guardian Date